

NEVADA FINANCIAL DISCLOSURE STATEMENT
(Attach additional sheets if necessary.)

FILE
KE
JAN 15 2006
Certified
DEAN HELLER
SECRETARY OF STATE

NAME SHIRLEY BARBER LENGTH OF RESIDENCE IN NEVADA 34 461
MAILING ADDRESS 1308 Robin Street LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO
CITY, STATE, ZIP LAS VEGAS, NV 89106 VOTE [per NRS 281.571(1)(a)] 34
TELEPHONE 702-647-5365 E-MAIL sbarber@interact.ccso.net

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

Public Office	Elected (E) or Appointed (A)	Annual Compensation	Term or Date Appointed	ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b)	CANDIDATE (no later than the 10th day after the last day to qualify as a candidate) NRS 281.561(1)(a)	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a)
<u>TRUSTEE, CCSD</u>	<u>E</u>	<u>\$ N/A</u>	<u>JAN 3, 05</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

	Self	Household Member
<u>PERS of NEVADA</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>SOCIAL SECURITY</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>MILITARY PENSION</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>CLARK COUNTY SCHOOL DISTRICT</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

	Self	Household Member
<u>NONE</u>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

	Self	Household Member
<u>NONE</u>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

Specific Location	Particular Use
<u>1221 MONROVE LAS VEGAS, NV 89106</u>	<u>VACANT HOUSE</u>
_____	_____
_____	_____
_____	_____

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

Donor	Value of Gift
<u>NONE</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 01-13-06 Signature: Shirley Barber

Appointed Public Officers
Nevada Commission on Ethics
3476 Executive Pointe Way, Suite 10
Carson City, Nevada 89706
775.687.5469 • 775.687.1279 fax

File completed form with:
Elected Public Officers and Candidates for Public Office
Nevada Secretary of State, Elections Division
101 North Carson Street, Suite 3
Carson City, NV 89701
775.684.5705 • 775.684.5718 fax

**DEAN HELLER
SECRETARY OF STATE**

State of Nevada

2006

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

Candidate

Acknowledgement

I, Shirley Barber hereby acknowledge receipt of the required forms and filing date schedule for the reporting of contributions and expenses pursuant to the Nevada Campaign Practices Act. I understand that:

- I must file the prescribed reports by:
Report No. 1 – **August 8, 2006**
Report No. 2 – **October 31, 2006**
Report No. 3 – **January 15, 2007**
- A violation of the reporting of contributions and expenses is subject to a civil penalty of up to \$5,000 for each violation and payment of court costs and attorney's fees;
- I must file the required Contributions & Expenses Reports even though:
 - (1) I withdraw my candidacy;
 - (2) I have no opposition;
 - (3) I lose the primary;
 - (4) My name does not appear on either the primary or general election ballot;
 - (5) I am elected to office;
 - (6) I do not file a declaration of candidacy, but am a candidate as defined in NRS 294A.005 because I have received campaign contributions in excess of \$100; or
 - (7) I do not receive contributions and/or expend any funds (less the filing fee).
- **I UNDERSTAND THAT A MONETARY CIVIL PENALTY MAY BE ASSESSED TO ME FOR FAILURE TO TIMELY FILE THESE REPORTS. (NRS 294A.420)**
- **I UNDERSTAND THAT EACH REPORT MUST BE SIGNED UNDER PENALTY OF PERJURY. (NRS 294A.120, 294A.200)**

Shirley Barber
Signature

Received and Filed:

This _____ day of _____, 2004

Filing Officer

FILING OFFICER: This form is to be signed, detached and a copy is to be given to the candidate.

Any questions? Please visit our website or contact this office at the following:
101 N. Carson Street, Suite 3; Carson City, NV 89701 • 775/684-5705 • www.sos.state.nv.us • nvelect@govmail.state.nv.us